Minutes of
DoD Sexually Transmitted Diseases Prevention Committee (STDPC)
Meeting of 15 June 00

Attending
Maj. Christine Bader, J4
Bill Calvert, NEHC, Chairman
Joel Gaydos, MD, WRAIR
Steve Heaston, NEHC
LCDR Sharon Ludwig, USPHS/USCG
COL Kelly McKee, USAMRIID
Maj. (P) Steve Niehoff, AFMOA/SGOP
LTC David D. Peterson, USACHPPM
Donna Ruscavage, Henry M. Jackson Foundation
Phil Renzullo, Ph.D., Henry M. Jackson Foundation
Maj. Steve Vieira, AFMOA/SGOP

Attending by Phone
Capt. Mark Gilday, HQ Marine Corps
Bob MacDonald, NEHC
CDR Richard Shaffer, Naval Health Research Center (NHRC)

Guests
COL Jeffrey A Elting, USA, OTSG
Col. Dana Bradshaw, MD, MPH, FAAFP, USAF, MC, Chief, Preventive Medicine, Office of the Surgeon General, Air Force Medical Operations Agency
CDR W. Z. McBride, MC, USN, Deputy Director, Preventive Medicine and Occupational Health, Bureau of Medicine and Surgery
CAPT Susan R. Davis, MC, USN, Deputy Director, Department of Defense Global Emerging Infections, Surveillance and Response System (DoD GEIS), Walter Reed Army Institute of Research
COL Ben Withers, USA
COL Benedict M Diniega, USA, AFEB Executive Secretary

1. Bill Calvert convened the meeting at 1015 at the Walter Reed Army Institute for Research (WRAIR), Room 1W80, 503 Robert Grant Ave, Silver Spring, MD., following completion of the STDPC Health Promotion/Education Subcommittee meeting.

2. The **minutes of the 22 May 00 were reviewed and approved**.

3. Bill Calvert noted that Ms. Vickie Brannan, USCG, while unable to attend today, volunteered to serve as Secretary of the STDPC. The STDPC supports her appointment as Secretary. Mr. Calvert will contact Ms. Brannan to confirm her commitment and appoint her Secretary of the STDPC.

4. Bill Calvert reported on the PSHPC Notables.
   - Mr. Calvert is compiling the name, address, and title of the Flag/General/SES to whom each STDPC member reports. This information will be forwarded to CAPT Murphy, Executive Assistant to General Carlton, to develop an appointment letter for each member of the STDPC. Official appointment to the STDPC is the first step in the approved STDPC Action Plan.
   - Mr. Calvert noted that the next PSHPC meeting is scheduled for July 14, 2000. He is planning to attend.

5. Bill Calvert reported that he provided an interview with Armed Forces Information Services (AFIS) for use in video and written press. The written interview has been released through www.DefenseLink.mil and was titled "STDs Still a Threat at Home." The text of this interview was forwarded to all STDPC members on May 31st from Mr. Calvert through e-mail. Additionally, there might be an additional interview granted with Army/Navy/Air Force Times. Mr. Calvert will update the STDPC should any additional news releases occur.

6. Presentation of Service POCs to discuss chlamydia screening.
   - CDR Wayne McBride, Deputy Director, Preventive Medicine and Occupational Health, Bureau of Medicine and Surgery discussed chlamydia screening in the Navy. In summary:
     - No policy directs routine screening of Navy or Marine Corps personnel
     - All women receiving obstetrical care undergo routine chlamydia screening
     - Typical practice dictates chlamydia testing during STD evaluations
     - Chlamydia Screening at Recruit Training Center Great Lakes for all females include routine screening upon arrival, during pelvic examination. For males, all receive routine screening upon arrival with initial screening with urine dipstick.
     - Marine Corps Recruit Depot, Parris Island, male recruits not tested and all female recruits receive routine chlamydia screening.
     - Marine Corps Recruit Depot San Diego, only has male recruits and there is no screening.
     - The US Naval Academy does not screen its Plebes.
     - Screening programs are funded through the hospitals located at recruit depots and training centers.

   - COL Jeffrey A. Elting MD, MPH, Directorate of Health Policy and Services, discussed chlamydia screening in the Army. In summary:
     - AFEB recommendations:
       - All new female recruit accessions should undergo screening for chlamydia as soon as practical but within the first year.
       - Routine screen with pap smear until age of 25.
       - Male and female testing at clinically appropriate encounters.
     - Short Term

        - Initiate female chlamydia screening at pap smear screening up until age 25. Concurrently, study the need for new education programs, male screening feasibility, and the effectiveness of screening interventions.
    - Short Term Plan Advantages
        - Complements the ongoing pap smear screening program
        - Inclusion in AR 40-501 Update
        - Only expends resources on Basic Training Graduates
        - Chlamydia swab versus urine amplification
    - Short Term Plan Disadvantages
        - Treatment delayed the longest
        - Persistent Service policy disparity
        - Cost
    - Long Term Plan
        - Screen all new female recruit accessions using urine amplification chlamydia testing during Basic Training
    - Long Term Plan Advantages
        - Potential for uniform Tri-Service policy
        - Minimal impact on recruitment or training time - No EPTS Or pelvic exam
        - Only expends resources on retained soldiers
    - Long Term Plan Disadvantages
        - Delays screening until Basic Training
        - Will require establishment of a central laboratory testing facility or out-sourcing
        - Cost
    - Challenges
        - Attainment of 100% compliance with the pap smear screening program
        - CHCS II
        - Establishment of a central laboratory testing facility or out-sourcing for urine screen
        - Policy: Uniform standard of care, confirmatory testing, algorithms for multiple testing methods, public health tracking
        - Funding
    - Conclusions
    - Implementation of the AFEB Recommendations will require an incremental approach

- Col. Dana Bradshaw, MD, MPH, FAAFP, USAF, MC, Chief, Preventive Medicine, Office of the Surgeon General, Air Force Medical Operations Agency discussed chlamydia screening in the Air Force. In summary:
    - DoD should be following US Preventive Services Task Force Guidelines through a DoD Health Affairs policy letter.
    - DoD does well with PAPS but poorly with STD screening.
    - Chlamydia is the most commonly reported disease for all three services.
    - Problem: How do we get people to do chlamydia screening?

- Recruit Screening: No data on Air Force recruits.
  - Currently, screening for varicella this year. Next fiscal year they should start chlamydia screening.
  - Funding remains an issue which delays implementation of chlamydia screening.

- LCDR Sharon L. Ludwig, MD, MPH, MA, USPHS, Preventive Medicine/Epidemiology Consultant, US Coast Guard Headquarters G-WKH-1 discussed chlamydia screening in the Coast Guard. In summary:
  - There is no chlamydia or gonorrhea (GC) screening policy for the Coast Guard.
  - Routinely screen all females at Basic Training for chlamydia and GC. No screening of males.
  - Lab based surveillance for STDs is not done.
  - Cost is a major problem associated with chlamydia screening.

- CAPT Susan R. Davis, MC, USN, Deputy Director, Department of Defense Global Emerging Infections, Surveillance and Response System (DoD GEIS), Walter Reed Army Institute of Research, discussed GEIS.
  - DoD GISP is a "Work in Progress" following the current state of gonorrhea (GC) in the United States (US) and in the DoD as well as the surveillance of antimicrobial susceptibility.
  - GC in the US and the DoD
    - Second most frequently reported communicable disease in the US
    - Rates have decreased almost every year since 1975, but remain high in the southeast, among minorities, and among adolescents of all racial and ethnic groups
    - Second most frequently reported disease in Army and Navy & Marine Corps; third most frequently reported disease in Air Force
  - The CDC's GISP
    - A collaborative project, established in 1987, to monitor antimicrobial resistance (AR) in GC
    - Participants:
      - 27 STD clinics (Fort Lewis (inactive) and Fort Bragg (active))
      - 5 regional clinical laboratories
      - CDC
    - Data used by CDC to monitor appropriateness of treatment recommendations and recommend changes
  - GISP Protocol
    - Participating STD clinics collect demographic and clinical data along with isolates from first 20 men seen each month with urethral GC
    - Participating regional laboratories perform susceptibility testing of isolates to antimicrobial agents (e.g., penicillin, tetracycline, spectinomycin, erythromycin, broad-spectrum cephalosporins, and fluoroquinolones)
  - Unique Value of GISP

    - GISP goes beyond standard practice in clinical laboratories
    - Nucleic acid testing (GenProbe) is now the principal diagnostic laboratory tool
    - Very few laboratories routinely perform susceptibility testing on GC
    - When culturing is done, a rapid beta-lactamase test is generally the limit of analysis
- Draft Plan for a DoD GISP
    - Draft plan was developed by GEIS central hub after many months of discussion with key representatives in all three services
    - GEIS Central Hub to provide initial coordination and funding of project and to facilitate communication of findings and treatment recommendations
    - Plan to have dual focus: a military beneficiary component and an overseas medical research laboratory component
    - Future Joint Antimicrobial Resistance Surveillance Working Group to provide oversight of project
- Military Beneficiary Component
    - MOAs & exempt protocols with CDC and sites
    - Site factors impacting selection
    - Expense to the site (workload, supplies)
    - Use of GenProbe as routine diagnostic
    - Site organization and managed care practices
    - Relatively low number of cases of GC reported by individual sites
    - Local interest and commitment
    - Site selection and participation to be phased in and remain a dynamic process
    - Military Beneficiary Component (continued)
    - Focus on both fixed medical treatment facilities and operational units
    - Pacific Region:
    - Hawaii - Tripler Army Medical Center
    - Japan - site(s) to be determined (e.g., Okinawa)
    - Korea - site(s) to be determined (e.g. Army)
    - Deployment surveillance - Navy Environmental Preventive Medicine Unit
    - Military Beneficiary Component (continued)
    - United States: selective augmentation of CDC GISP in highly mobile military communities; sites to be determined (e.g. Navy site in San Diego, Army site in San Antonio)
    - Europe: site(s) to be determined (e.g., Landstuhl)
- Overseas Medical Research Laboratory Component
    - Central Hub is inviting the laboratories to include this project in their GEIS program
    - Project focus is on building surveillance capacity in countries in the laboratories areas of influence (feasibility may be an issue in some areas)
        - Central and South America and Africa: to establish a surveillance system where none presently exists
        - Western Pacific: to augment the WHO WPR GASP

- Staffing of the Draft Plan is Underway
  - The draft plan has been forwarded to preventive medicine representatives for the services' Surgeons General and to Health Affairs for comment
  - Reviews by the Joint Preventive Medicine Policy Group and the DoD Sexually Transmitted Diseases Prevention Committee are requested for comment and endorsement

7. The STDPC made the following recommendations after discussions regarding the chlamydia screening and GISP presentations.
   - **The STDPC recommends each service ensure introduction into POM cycles resourcing for chlamydia screening.**
   - **The STDPC recommends implementation of the Armed Forces Epidemiological Board (AFEB) and existing US Preventive Services Task Force (USPSTF) recommendations for chlamydia screening.**
   - **The STDPC recommends greater military participation in GEIS beyond present sites in Hawaii and Ft. Bragg to include port areas, Far East, and Europe.**
   - **The STDPC endorses support for GISP as a component of enhance surveillance systems to determine rates of GC.**

8. Bill Calvert discussed ramifications of the STDPC Charter and Action Plan. Mr. Calvert's is concerned that time frames stated within the Action Plan have begun. The STDPC's meeting agenda are becoming more ambitious and STDPC meetings are increasing in length. The STDPC discussions resulting in a recommendation to conduct a strategic planning session for our next meeting to develop a plan to complete our Action Plan within the stated time frames. Mr. Calvert will consider obtaining a Facilitator to assist with the next meeting. It is anticipated that the next meeting will be longer and scheduled breaks, including lunch, will be incorporated. Mr. Calvert will advise the STDPC of developments pertaining to the organization of the next STDPC meeting in July.

9. The **July 27, 2000, STDPC meeting will be hosted by LTC Dave Peterson at Walter Reed Army Medical Center**. Details, such as meeting room, directions, will be shared through e-mail communication.

10. The **STDPC set the August STDPC meet in Washington on August 24th**. The location will be announced at a later date.

11. The meeting adjourned at 1335.

Minutes taken by: Bill Calvert, Chairman, STDPC